U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under Pit. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

_	
	For Official Use Only
	100.20
	3 mar 1000
Ε	(No. 15 ST
	Q(MS)

1 File Number U 8692

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

	7 / 1 / 2003 Through 6 / 30 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name DAN NIXON	Name plumbers local 98			
-	Labor Organization File Number 005-131			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 555 HORACE BROWN DRIVE	Street 555 Horace Brown Drive			
City MADISON HEIGHTS	City Madison Heights			
State Michigan ZIP Code + 4 48071	State Michigan ZIP Code + 4 48071			
5 Position in labor organization BUSINESS AGENT				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name				
Trade Name If any				
PO Box Bidg Room No if any	7 b Amount.			
Street	To randanz			
City				
State ZIP Code + 4				
Signature				

15 Signature and verification The undersigned declares under penalty of Penjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the

On 08/11/2005

Date

248-307 9800

Telephone Number

undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)

aniel a. Nim

Signed

Name of Person Filing DAN NIXON	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name Plumbers Local 98 Trade Name if any Plumber	a Labor Organization b Trust c Employer		
PO Box Bldg Room No If any Street 555 Horace Brown Drive			
City Madison Heights			
State Michigan ZIP Code + 4 48071 10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name			
PO Box, Bldg Room No If any			
Street	11 b Approximate dollar value of such dealing		
City State ZIP Code + 4	12 a Nature of interest held or income received		
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any	14 a Nature of payment TO THE BEST OF MY KNOWLEDGE THERE IS NOTHING I CAN RECALL REGARDING MY ACTIVITIES FOR THE GIVEN PERIOD IF ANYTHING COMES TO MY ATTENTION I WILL AMMEND THIS FILING		
PO Box Bldg Room No If any			
Street City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		